

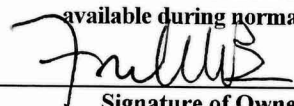
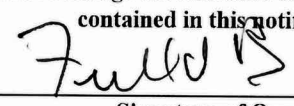
U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #	Postmark	Date Received	Notification # <u>2015.12.17</u>																													
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled <u>51879</u>																																
II. Facility Description Building Name: <u>Cornell University College of Veterinary Medicine</u> Address: <u>606 Tower Road</u> City: <u>Ithaca</u> State: <u>NY</u> Zip Code: <u>14853-1501</u> County: <u>Tompkins</u> Site Location: <u>College of Veterinary Medicine</u> Building Size (square feet): <u>100,000+</u> # of Floors: <u>Various</u> Age in Years: <u>50+</u> Present Use: <u>University</u> Prior Use: <u>University</u>																																
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																																
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																
V. Facility Information Owner Name: <u>Cornell University College of Veterinary Medicine</u> Address: <u>102 Humphreys Service Building</u> City: <u>Ithaca</u> State: <u>NY</u> Zip Code: <u>14853</u> Contact: <u>Patrick Conrad</u> Telephone: <u>(607) 255-1399</u> Fax: <u>(607) 255-1968</u> Removal Contractor Name: <u>Total Wrecking & Environmental, LLC</u> Address: <u>PO BOX 326</u> City: <u>Buffalo</u> State: <u>NY</u> Zip Code: <u>14231</u> Contact: <u>Sean Reed</u> Telephone: <u>(716) 692-2002</u> Fax: <u>(716) 945-8002</u> Other Operator (demolition/general): <u>Lion Construction Supply & Services, LLC</u> Address: <u>5858 East Molloy Road - Suite 137</u> City: <u>Syracuse</u> State: <u>NY</u> Zip Code: <u>13211</u> Contact: <u>Akbar Mashayekhi</u> Telephone: <u>(315) 374-1394</u> Fax: _____																																
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Pre-demolition/pre-renovation asbestos survey performed by Watts Architecture & Engineering. Analysis of bulk samples by PLM and/or TEM																																
VII. Approximate Amount of Asbestos Materials: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td style="text-align: center;">7380</td> <td style="text-align: center;">520</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td></td> <td style="text-align: center;">25000</td> <td style="text-align: center;">4400</td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td style="text-align: center;">20 doors</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)	7380	520				Surface Area (square feet)		25000	4400			Facility Components (cubic feet)	20 doors				
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed																												
		Category I	Category II	Category I	Category II																											
Pipes (linear feet)	7380	520																														
Surface Area (square feet)		25000	4400																													
Facility Components (cubic feet)	20 doors																															
VIII. Scheduled Dates Demolition or Renovation: Start: <u>01/05/15</u> Complete: <u>01/04/17</u>																																
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>01/05/15</u> Complete: <u>01/04/17</u> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td>Days of the Week:</td> <td style="text-align: center;">Monday</td> <td style="text-align: center;">Tuesday</td> <td style="text-align: center;">Wednesday</td> <td style="text-align: center;">Thursday</td> <td style="text-align: center;">Friday</td> <td style="text-align: center;">Saturday</td> <td style="text-align: center;">Sunday</td> </tr> <tr> <td>Hours of Operation:</td> <td style="text-align: center;">7am-5pm</td> <td style="text-align: center;">7am-5pm</td> <td style="text-align: center;">7am-5pm</td> <td style="text-align: center;">7am-5pm</td> <td style="text-align: center;">7am-5pm</td> <td></td> <td></td> </tr> </table>					Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours of Operation:	7am-5pm	7am-5pm	7am-5pm	7am-5pm	7am-5pm														
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																									
Hours of Operation:	7am-5pm	7am-5pm	7am-5pm	7am-5pm	7am-5pm																											

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s: A stie-specific variance will be applied for through NYSDOL for specific removal procedures, however, wet methods and negative pressure enclosures will be used for all interior and friable abatement. Wet methods for exterior abatement.		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Wet methods, Negative Air machines, shower water filtration units, HEPA vacuums		
XII.	Waste Transporter #1 Name: <u>Marcon Companies</u> Address: <u>6432 Baird Ave</u> City: <u>Syracuse</u> State: <u>NY</u> Zip Code: <u>13206</u> Contact: <u>Dispatch</u> Telephone: <u>(315) 463-0848</u> Waste Transporter #2 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal Name: <u>Ontario County Landfill</u> Address: <u>3555 Post Farm Road</u> City: <u>Stanley</u> State: <u>NY</u> Zip Code: <u>14561</u> Contact: <u>Scale House</u> Telephone: <u>(585) 526-4420</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Stop work. Contain any contamination, notify EPA/NYSDOL and amend notifications as necessary prior to proper removal and disposal of newly discovered or created RACM		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> <u>12/22/14</u> Date </div> <div style="width: 40%;"> <u>Frank Bodami - Managing Member</u> _____ Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> <u>12/22/14</u> Date </div> <div style="width: 40%;"> <u>Frank Bodami - Managing Member</u> _____ Type or Print Name and Title </div> </div>		